



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5042

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/632,761 | FILING DATE<br>08/01/2003<br><br>RULE | CLASS<br>348 | GROUP ART UNIT<br>2614 | ATTORNEY DOCKET NO.<br>RCA 89.567 Div. 2 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

Karl Francis Horlander, Indianapolis, IN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/712,539 11/14/2000  
 which is a DIV of 09/454,398 12/03/1999 PAT 6,437,830

yes,  
 OR

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

N/A

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/31/2003

|  |          |         |        |             |
|--|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>  | IN       | 4       | 29     | 3           |

## ADDRESS

Joseph S. Tripoli  
 Patent Operations, Thomson Licensing Inc.  
 Two Independence Way, Suite 200  
 Princeton, NJ  
 08540

## TITLE

Adaptive video image information processing system

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>912 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------------|---|---|